



Alameda Recreation and Park Department 2226 Santa Clara Ave, Alameda 94501
(510) 747-7529/FAX (510) 523-4071 - Online Registration: www.arpdeplay.com



TRIP TO BOOMERS PARK (LIVERMORE)

For Those Currently In 6th to 12th Grades - Class #10201

Tuesday, November 22, 2011

9:00 a.m. to 5:00 p.m.

Cost: \$50 per person (\$60 after November 1st)

**Drop Off/Pick Up: THE UNDERGROUND TEEN CENTER
(2203 Central Ave, Alameda)**



Zoom down the race track, beam each other during laser tag, take a swing on the course (miniature golf), and unwind on the arcades at Boomers Park in Livermore. Join us on this fun day of wild activities, challenges, and games. Meals are not included. Please be sure to apply sunscreen, wear comfortable shoes (no sandals or backless shoes) and bring money for food and a jacket.

DON'T BE LATE! THERE IS A \$1 PER MINUTE CHARGE FOR EVERY MINUTE YOU ARE LATE PICKING UP YOUR TEEN - PAYABLE THAT DAY. Do not bring electronic or sentimental items on trip. ARPd is not responsible for teen's personal belongings or money. **NO REFUNDS OR CREDITS ISSUED.**



I HEREBY GIVE MY TEEN PERMISSION TO PARTICIPATE IN THE 2011 FALL TEEN TRIP SPONSORED BY ARPd:

☐ **#10201 - BOOMERS PARK (LIVERMORE) - TUESDAY, NOVEMBER 22ND - Cost: \$50 (\$60 after Nov 1st)**

TEEN MAY: ☐ **CHECK SELF OUT AT END OF TRIP** OR ☐ **ONLY LEAVE WITH AUTHORIZED PERSON**

PERSON(S) AUTHORIZED TO PICK-UP TEEN: _____

TEEN MUST: ☐ **STAY WITH RECREATION LEADER ON TRIP** OR ☐ **GO WITH A BUDDY ON TRIP**

TEEN'S NAME _____ **BIRTHDATE:** ____/____/____ **AGE:** ____ **GRADE:** ____ ☐ **MALE** ☐ **FEMALE**

ADDRESS: _____ **CITY:** _____ **ZIP:** _____ **HOME PHONE:** (____) _____

MEDICAL RELEASE: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

PHYSICIAN'S NAME _____ **PHONE** (____) _____

NAME OF INSURANCE _____ **POLICY NUMBER** _____

ALLERGIES, MEDICAL PROBLEMS, CURRENT MEDICATIONS: _____

MOM/GUARDIAN NAME _____ **ADDRESS (if different from above)** _____

HOME PHONE (if different from above) _____ **WORK PHONE** _____ **CELL PHONE** _____

DAD/GUARDIAN NAME _____ **ADDRESS (if different from above)** _____

HOME PHONE (if different from above) _____ **WORK PHONE** _____ **CELL PHONE** _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT: (I understand it is my responsibility to provide current contact information)

NAME: _____ **RELATIONSHIP:** _____ **HOME PHONE:** (____) _____ **CELL/WORK:** (____) _____

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA**, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE**, due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.

3. **THE UNDERSIGNED HEREBY PERMITS** the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

FEE ENCLOSED: \$ _____ **CASH** ☐ **CHK#** _____ **MC/VISA** _____ **EXP DATE** _____